## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number
BING -1 -1020

		CLAIMS AS	S FILED - PART I (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN	
TOTAL CLAIMS			52				ſ	RATE	FEE	] [	RATE	FEE
FOR			NUMBER FILED		NUMBE	NUMBER EXTRA		BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			5 2 minus 20=		• 3 2			X\$ 9=		OR	X\$18 <sub>≅</sub>	576
INDEPENDENT CLAIMS			minus 3 =		* 5			X42=	<del></del>	OR	X84≝	420
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT		<u> </u>			+140=		OR	+280=	
* If	the difference	in column 1 is	less than ze	ro, enter	r "0" in co	"0" in column 2		TOTAL		OR	TOTAL	1766
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 2)						(Column 3)		SMALL E	NTITY	OR	OTHER SMALL I	
		(Column 1) CLAIMS	14. A. A. A. A.	HIGH	GHEST (Column 3)		ſ		ADDI-	ı		ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CLAIM	=		X42=		OR	X84=	
نبا	Luios i uror	NIAHON OF WI	JUITEL, DE	CINDLIN	1 OLAIIVI			+140=		OR	+280=	
								TOTAL,	S.	OR	TOTAL ADDIT: FEE	
(Column 1) (Column 2) (Column 3)												
MENDMENTB		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATÉ	ADDI- TIONAL FEE
	Total		Minus	**		=	] [	X\$ 9=	in the wife	OR	X\$ <sub>1</sub> 18≓:,	
AME	Independent	NTATION OF MI	Minüs	***	T 01 A184	=		X42=		OR	X84=	- X
*	(FINS) FRESE	NIATION OF IVE	JUIPLE DEF	ENDEN	I CLAIM		1	+140=		OR	+280=	
								TOTAL		ΛP	TOTAL ADDIT FEE	
ADDIT. FEE (Column 2) (Column 3)											AUDINGEL	)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*.	Minus	**		=		X\$ 9=		OR:	X\$18=	
AME	Independent	*	Minus	***		=		X42=		ОŘ	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				TCLAIM		<b>)</b> }	140-			+280=	
# 140=  # If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  # If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT FEE										ØR:	TOTAL	
***	If the "Highest Nu	mber Previously P Imber Previously P Inber Previously Pa	aid For" IN THI	IS SPACE	is less tha	n 3, enter "3."	_	DDIT. FEE	oropriate box		ADDIT FEE	